	PATE	ENT APPLIC	CATIO	N FEE DETE tute for Form P1	RMINATIC	N	RECORD	Information enters it displays a valid CMS control number Application on Docket Number			10/65	2149	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL	ENTITY.	10/	653 27	R THAN LENTITY	10/65	J4 17
FOR MUMBER FOLED MUMBER EXTRA			1	RATE	FEE	1	RATE	1	1				
BASIC FEE (27 CFR 1.16(a))				1			1	RAIR	FEE				
TOTAL CLASSE D7 CFR 1.16(c)) minus 20 a				1		 -	OR		 				
MOEPENDEN	IT CLAIMS	5					× *	 	OR	X 5	 		
				l	× *		CR	X 5	 				
MACTIPLE DEPENDENT CLAIM PRESENT (27 CFR 1.14(4))							+8		OR	+3·	<u> </u>	٠	
" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL			
	CLA	aims as am	ENDED	- PART II					•				
				(Column 3)		SMALL	NTITY	OR		R THAN ENTITY			
AMENOMENT A	10)	CLAIMS REMADING AFTER ANEXIDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOF TIONAL		
N Ta	at .	6	Minus	- 10	• /		x s		OR	×1 .	FEE		
Z Indepted	SEAL .	- 1	Minus	" 3	•		x 6 e				/		
FRETE	RESENTAT	TION OF MULTIPLE	e oezeno	BITCLANA (17)	F11948				OR	× 1	 /- 	•	
PRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (\$7 CFR 1.15(1))					ı	TOTAL		OR	TOTAL	 / 			
							ADO'L FEE		OR	ADD'L FEE	u		
(Column 1) (Column 2) (Column 3)									,				
AMENDMENT B	nd all	REMAINING AFTER AMENDMENT		NUMBER PRÉVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TICNAL FEE		
Total Dom	etude.	6	Minus	"10	•		× 5 •		OR	x \$•	<u> </u>		
Z Independ	\$400.		Mires	" 3	-		xs		OR OR	x s	/-		
FRST PRESENTATION OF MULTIPLE DEPONDENT CLAM GT CFR 1,16(d)									OR		. /	•	
							TOTAL			TOTAL	/		
-		40-1-1-1					ADD'L FEE		OR	ADD'L FEE	<u> </u>		
<u> </u>	101	(Column 1)		(Cotumn 2) HIGHEST	(Cotumn 3)	ı							
SI WE	M.	REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY' PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE/		
ar on	16(42)	.6	Minus	20	• /	ı	x 5		OR	x s=	7	•	
AM Control	Hema Puri		Minus	." '\\	• /	٠	x s =		OR	X \$ -	<i> - -</i>		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							+1 .		OR		/-/		
							TOTAL			+ S -	-		
* If the ent	# If the entry in column 1 is less than the entry in column 2, write "I" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												

The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" ID THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate. So, in contact to the 1.1 in contact to the 1.1 in contact to the 1.2 in contact to 1.2

If you need exsistence in completing the form, cell 1-800-PTO-9199 and select option 2.